



County of Los Angeles  
**CHIEF ADMINISTRATIVE OFFICE**

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DAVID E. JANSSEN  
Chief Administrative Officer

May 26, 2004

To: Supervisor Don Knabe, Chairman  
Supervisor Gloria Molina  
Supervisor Yvonne Brathwaite Burke  
Supervisor Zev Yaroslavsky  
Supervisor Michael D. Antonovich

From: David E. Janssen  
Chief Administrative Officer

Board of Supervisors  
GLORIA MOLINA  
First District

YVONNE BRATHWAITE BURKE  
Second District

ZEV YAROSLAVSKY  
Third District

DON KNABE  
Fourth District

MICHAEL D. ANTONOVICH  
Fifth District

**REPORT ON PROPOSED CHANGES TO MEMBERSHIP OF THE COMMISSION ON  
HIV HEALTH SERVICES**

On November 19, 2002, on a motion by Supervisor Knabe, your Board instructed the Auditor-Controller, Director of Health Services (DHS), County Counsel and my office to report back with: 1) a proposed amendment to the County Code allowing Office of AIDS Programs and Policy (OAPP) staff to serve only as non-voting members of the Commission on HIV Health Services; 2) findings and recommendations on whether Commission memberships can be changed to eliminate the appearance of conflict, including reducing the size of the voting membership; and 3) specific recommended plans to provide the Commission by start of 2003-04 with a staff that is independent of OAPP.

On January 28, 2003, your Board approved an ordinance change which required that any OAPP staff holding Commission seats would serve as non-voting members to alleviate the appearance of a conflict. In addition, on September 30, 2003, your Board approved nine additional positions in the Executive Office, Board of Supervisors budget, as staff to the Commission. The Commission has recently approved the appointment of an Executive Director for the Commission, and he is presently recruiting and interviewing candidates for the remaining staff to complete the transfer of the administrative functions for the Commission from OAPP to the Executive Office.

This report provides our proposed changes to the membership of the Commission, specifically reducing the numbers of voting members and reconfiguring member representation in order to avoid the appearance of conflicts of interest, establishing uniform term limits for all members, and making other technical changes to bring the Commission membership into full compliance with federal requirements. These recommendations were developed by a work group of the Commission, and were then reviewed and negotiated in meetings involving staff from my office, the Auditor-Controller, County Counsel, and DHS, as well as representatives from the Commission. Among other things, the proposal reduces the size of the Commission from 49 to 39 members as detailed in Attachment I and discussed further below, while maintaining representation from all geographic areas, demographic groups, and stakeholder groups.

### **Current Commission Membership**

The Commission's current membership consists of 49 members, with two seats filled by OAPP staff as non-voting members, consistent with the Board-approved ordinance change. Currently, 44 seats (including the two non-voting) are filled.

The current structure of 49 members includes 15 members representing Supervisorial Districts, including appointees and HIV-positive members; 9 representing Task Forces and/or Coalitions, 8 from HIV-positive special populations representing demographic, ethnic and/or behavioral groups; 3 representing the DHS Select Committee on Prevention Planning (PPC); 4 representing the cities of Los Angeles, Long Beach, Pasadena and West Hollywood; and 10 representing various professional bodies/sectors, including State/federal agencies and a seat for Medical Schools. By Health Resources and Services Administration (HRSA) guidance, all HIV-positive members are allowed to have alternates selected by the Commission, who are not reflected in the 49 member count.

As identified in County ordinance, term limits for members range from one year to an indefinite period of time, with a one-year term for the seat for medical schools, indefinite terms for the seats for representatives of local and State governments, hospital and medical associations, DHS and the CARE Act Titles, and two-year terms for the remaining seats.

The current membership complies with HRSA membership regulations, which include: 1) an Open Nominations Process in which all Commission members are nominated by the Commission to and appointed by the CEO (the Board of Supervisors); 2) required representation of 15 membership categories specified by HRSA, including representation by service providers; and 3) a mandate requiring planning councils to

include "unaffiliated" consumers proportionately representing the local epidemic and its demographics as 33 percent of its voting membership. "Unaffiliated" is defined as individuals who cannot be involved in any decision making capacity at a Title I funded agency. Compliance with HRSA rules is important because failure to do so can result in the loss of competitive Supplemental section points and resulting funding in the jurisdiction's annual CARE Act Title I application.

It is important to note that the current Commission membership structure was created prior to the 2000 Ryan White CARE Act Reauthorization, and before HRSA issued its Open Nominations and Membership Category Representation requirements, therefore the current membership structure does not facilitate compliance with the HRSA regulations effectively. Every year, intensive work must be performed to keep the Commission membership in compliance with those regulations, including selecting Commission members who can represent multiple constituencies, finding unaffiliated consumer members who reflect the demographics of the epidemic, and maintaining unaffiliated consumer representation ratios. We believe that the proposed structure will accommodate these requirements.

### **Proposed Commission Membership**

The proposed Commission membership consists of 39 voting members, and three non-voting members, including the HRSA-required alternates for all HIV-positive members. Consistent with the Board's instruction, any OAPP designated seat has been assigned non-voting membership in order to demonstrate sensitivity to appearances of conflicts of interest.

The proposed structure replaces the 17 seats specifically designated for Task Forces, Coalitions, and special populations, with a total of 16 members comprised of 1 provider and 1 unaffiliated consumer each from the 8 Service Planning Areas (SPA), the Board-approved geographic design for County health care system planning. The reason for this change is that some of the task forces are not HRSA required seats, and the provider and consumer seats are mandated. In addition, many of the Task Force seats were filled by additional provider representative, further contributing to the perception of conflicts of interest, especially in the arena of prioritizing and allocating funds for HIV/AIDS services. The proposed structure more clearly identifies members representing both provider groups and consumers.

In the proposed structure, providers and consumers from each SPA will be nominated to the Commission by existing HIV Service Provider Networks (SPNS) and Consumer Advisory Boards (CABS) in each SPA, which were instituted to coordinate services by SPA. This methodology is consistent with HRSA's Open Nomination requirements and the Los Angeles County health planning, as it is organized by SPA and calculations of geographical need.

All groups and constituencies formerly assigned to designated seats may nominate members through the existing Open Nominations Process to the Commission. The Commission through its Recruitment, Diversity and Bylaws Committee, will assure demographic, ethnic and gender membership composition accurately reflecting the local epidemic.

To further ensure representation from all geographic areas of the County, the proposed Commission membership retains representation from all Supervisorial Districts with a total of 10 members, consisting of HIV-positive unaffiliated consumers and Board Office appointees. This structure also retains representation from cities, State/federal agencies, other CARE Act Titles and the medical schools.

Finally, three non-voting seats are recommended for persons with specific expertise and connections to the Commission and its work in related areas, such as representatives from for the HIV Epidemiology Program, the Select Committee of Prevention Planning, and DHS Office of AIDS Programs and Policy.

The new structure gives two-year terms to all members, and members must be nominated through the Commission's nominating process to the Board of Supervisors.

In summary, the proposed structure accomplishes the key membership objective of reducing the size of the Commission (a 20 percent reduction in voting membership) and addressing the perceived conflicts-of-interest, by clearly identifying seats filled by providers, as well as consumers and government representative, both planning partners that the CARE Act specifically instructs to be at the table. Membership is very closely divided between consumers, providers, and governmental representatives.

### **Ordinance Change**

In order to effectuate this change, County Counsel is drafting revised ordinance language which will be presented to your Board for consideration in the near future. In addition to this change in the membership structure, the Commission will request County Counsel to include a set of proposed changes, to update the ordinance to reflect HRSA guidance and the new Commission staffing in the Executive Office. If the new

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membership is approved by your Board, the Commission will develop a transition process to move from the current membership to the new membership, so that the Commission can maintain current operation during the transition period. County Counsel, DHS, and my office will review the proposed changes and meet with the Commission representatives as needed to finalize the proposed ordinance for filing.

If you have questions or need additional information, please call me or your staff may contact Gregory Polk of my staff at (213) 974-1791.

DEJ:DL  
SAS:GP:bjs

Attachment

c: Executive Officer, Board of Supervisors  
County Counsel  
Auditor-Controller  
Department of Health Services  
Commission Co-Chairs

**HIV COMMISSION MEMBERSHIP COMPOSITION  
CURRENT vs. PROPOSED**

Current	Seats	Proposed	Seats	Variance
<b>I. Board Appointed Membership</b>	<b>10</b>	<b>I. Board Appointed Membership</b>	<b>5</b>	<b>(5)</b>
<b>II. Supervisorial Districts Representatives</b>	<b>5</b>	<b>II. Supervisorial Districts Representatives</b>	<b>5</b>	<b>0</b>
<b>III. Task Force/Coalition &amp; Special Population</b>	<b>17</b>	<b>III. Svc. Planning Area (SPA) Providers &amp; HIV Consumer</b>	<b>16</b>	<b>(1)</b>
Case Management Task Force Counseling and Testing Task Force Women's Caucus Housing Task Force Mental Health Task Force HIV Adolescent Consortium HIV Drug & Alcohol Task Force HIV Homeless Task Force Incarcerated Task Force African American (+) Asian/Pacific Islander (+) Latino/a (+) Women (+) Native American (+) Gay & Bisexual Men (+) Gay/Bisexual Men of Color (+) Hemophilia/Special Populations (+)		SPA 1 (HIV+ unaffiliated consumer) SPA 2 (HIV+ unaffiliated consumer) SPA 3 (HIV+ unaffiliated consumer) SPA 4 (HIV+ unaffiliated consumer) SPA 5 (HIV+ unaffiliated consumer) SPA 6 (HIV+ unaffiliated consumer) SPA 7 (HIV+ unaffiliated consumer) SPA 8 (HIV+ unaffiliated consumer) SPA 1 (Provider) SPA 2 (Provider) SPA 3 (Provider) SPA 4 (Provider) SPA 5 (Provider) SPA 6 (Provider) SPA 7 (Provider) SPA 8 (Provider)		
<b>IV. Prevention Planning Committee</b>	<b>3</b>	<b>IV. Prevention Planning Committee</b>	<b>0</b>	<b>(3)</b>
Prevention Planning Committee (+) Prevention Planning Committee Prevention Planning Committee				
<b>V. Cities</b>	<b>4</b>	<b>V. Cities</b>	<b>4</b>	<b>0</b>
<b>VI. Various Bodies</b>	<b>10</b>	<b>VI. Various Bodies</b>	<b>9</b>	<b>(1)</b>
DHS, Public Health Title I Title IV Provider Title II Fiscal Agent Medical School(s) Office of AIDS, State of California Hospital Association of Southern California Los Angeles County Medical Association Managed Care Medi-Cal		Health Care Provider, MD Title I/DHS Public Health Title III Providers Title IV Providers Title II Fiscal Agent/DHS Public Health AETCs/Medical Schools Office of AIDS, State of California Health Care Systems Medi-Cal		
<b>Total</b>	<b>49</b>	<b>Total</b>	<b>39</b>	<b>(10)</b>

*Note: Membership includes three non-voting seats for Office of AIDS Programs and Policy, Prevention Planning Commission and the HIV Epidemiology Program that are not part of the count.*

Note: "+" represents HIV Positive.